Certificate of Need Activity Report - Decisions - February 2005									
Decision Date	CON ID	Facility ID	Facility Name	City	County	Project Description	Decision	Regional Review Agency Recommendation	Project Cost
2/1/05	040152	33C616	INTEGRATED MOBILE IMAGING, L.	LANSING	INGHAM	MRI NETWORK #150 (CSC)	CONDITIONAL-AP		\$1,690,000
2/1/05	040153	820010	OAKWOOD ANNAPOLIS HOSPITAL	WAYNE	WAYNE	MRI NETWORK #150	CONDITIONAL-AP		\$0
2/1/05	040154	820120	OAKWOOD HOSPITAL AND MC	DEARBORN	WAYNE	MRI NETWORK #150	CONDITIONAL-AP		\$0
2/1/05	040229	830210	GRACE HOSPITAL	DETROIT	DETROIT CITY	MRI NETWORK #150	CONDITIONAL-AP		\$70,000
2/1/05	040385	63C755	UNIV NEUROSURGICAL ASSOC	SOUTHFIELD	OAKLAND	MRI NETWORK #150	CONDITIONAL-AP		\$110,000
2/10/05	050040	820120	OAKWOOD HOSPITAL AND MC	DEARBORN	WAYNE	EMERGENCY REPL CT SCANNER	EMERGENCY APPR		\$682,640
2/14/05	040355	740020	PORT HURON HOSPITAL	PORT HURON	ST CLAIR	ADD 1 CARD CATH LAB	APPROVED		\$2,250,000
2/14/05	040356	830190	HENRY FORD HOSPITAL	DETROIT	DETROIT CITY	ADD 5TH CT SCANNER	APPROVED		\$1,624,900
2/14/05	040374	810080	CHELSEA COMMUNITY HOSPITAL	CHELSEA	WASHTENAW	ADD 1 OR (TOTAL 6)	APPROVED		\$1,301,952
2/14/05	040375	590060	UNITED MEMORIAL HOSP & LTC	GREENVILLE	MONTCALM	CONSTR ADDITION, RELO 2 OR	CONDITIONAL-AP	AFH Endorsed 11/18/04	\$17,070,000
2/14/05	040458	520010	BELL MEMORIAL HOSPITAL	ISHPEMING	MARQUETTE	REPLACE CT SCANNER	APPROVED		\$821,261
2/17/05	030394	810030	ST. JOSEPH MERCY HOSPITAL	ANN ARBOR	WASHTENAW	REPLACE ORS INTO NEW CONSTR	APPROVED		\$42,098,721
2/17/05	040267	63C726	CENTRAL MEDICAL IMAGING	ROYAL OAK	OAKLAND	INITIATE FIXED CT SCANNER	APPROVED		\$1,541,706
2/17/05	040381	500070	ST. JOHN MACOMB HOSPITAL	WARREN	MACOMB	CONSTR ADDITION, RENO SURG	APPROVED		\$3,286,731
2/17/05	040412	630014	HURON VALLEY-SINAI HOSPITAL	COMMERCE TWP	OAKLAND	ADD 1 OR (TOTAL 8)	APPROVED		\$296,800
2/18/05	040413	294030	ASHLEY CARE CENTER	ASHLEY	GRATIOT	ADD 4 SKILLED NH BEDS	WITHDRAWN		\$172,744
2/22/05	040139	824522	RIVERSIDE MANOR, L. L. C.	WESTLAND	WAYNE	NEW NH WITH 27 BEDS	APPROVED		\$2,584,264
2/22/05	040334	460020	EMMA L. BIXBY MC	ADRIAN	LENAWEE	INITIATE CARD CATH SERVICE	APPROVED		\$2,523,129
2/28/05	050008	740010	MERCY HOSPITAL	PORT HURON	ST CLAIR	REPLACE CT SCANNER	APPROVED		\$1,607,223
lo. of Decision	ons	19				Total Project Cost			\$79,732,071
TD Totals		52				YTD Total Project Costs			\$198,802,670